



HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, American Savings Bank Tower 970

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GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

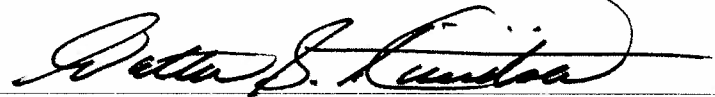
NAME:	WALTER S. KIRIMITSU	STATE POSITION:	Administrator
STATE AGENCY:	University of Hawaii	STATE TEL. NO.:	956-9901
STATE MAILING ADDRESS: 2444 Dole Street, Bachman 207 Honolulu, HI 96822			

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	none			

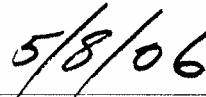
1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	'06 MAY 10 A10 :55			
	STATE OF HAWAII STATE ETHICS COMMISSION			

___ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.



SIGNATURE



DATE